

MINUTES OF THE PUBLIC HEALTH COUNCIL

Meeting of June 12, 2019

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

**PUBLIC HEALTH COUNCIL
MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
Henry I. Bowditch Public Health Council Room, 2nd Floor
250 Washington Street, Boston MA**

Docket: Wednesday, June 12, 2019 - 9:00 AM

1. ROUTINE ITEMS

- a. Introductions
- b. Updates from Commissioner Monica Bharel, MD, MPH.
- c. Record of the Public Health Council May 15, 2019 Meeting. **(Vote)**

2. DETERMINATION OF NEED

- a. Request by Natick Surgery Center, LLC for a substantial change in service to develop a licensed ambulatory surgery center. **(Vote)**

3. PRESENTATIONS

- a. Overview and demonstration of PHIT: Population Health Information Tool.
- b. Overview of Serious Reportable Events to DPH in 2018.

The Commissioner and the Public Health Council are defined by law as constituting the Department of Public Health. The Council has one regular meeting per month. These meetings are open to public attendance except when the Council meets in Executive Session. The Council's meetings are not hearings, nor do members of the public have a right to speak or address the Council. The docket will indicate whether or not floor discussions are anticipated. For purposes of fairness since the regular meeting is not a hearing and is not advertised as such, presentations from the floor may require delaying a decision until a subsequent meeting.

Public Health Council

Attendance and Summary of Votes:

Presented below is a summary of the meeting, including time-keeping, attendance and votes cast.

Date of Meeting: Wednesday, June 12, 2019

Start Time: 9:18am **Ending Time:** 11:19am

Board Member	Attended	Record of the Public Health Council April 3, 2019 Meeting (Vote)
Monica Bharel	Yes	Yes
Edward Bernstein	Yes	Yes
Lisette Blondet	Absent	Absent
Derek Brindisi	Yes	Abstained
Harold Cox	Yes	Yes
John Cunningham	Yes	Yes
Michele David	Absent	Absent
Michael Kneeland	Yes	Yes
Keith Hovan	Yes	Yes
Joanna Lambert	Yes	Yes
Paul Lanzikos	Yes	Yes
Lucilia Prates-Ramos	Yes	Yes
Secretary Francisco Ureña	Absent	Absent
Summary	10 members present, 3 members absent	9 members approved, 3 members absent, 1 member abstained

PROCEEDINGS:

A regular meeting of the Massachusetts Department of Public Health's Public Health Council (M.G.L. c. 17, §§ 1, 3) was held on Wednesday, June 12, 2019 at the Massachusetts Department of Public Health, 250 Washington Street, Henry I. Bowditch Public Health Council Room, 2nd Floor, Boston, Massachusetts 02108.

Members present were: Monica Bharel, MD, MPH; Edward Bernstein; John Cunningham, PhD; Paul Lanzikos; Lucilia Prates-Ramos; Joanna Lambert; Derek Brindisi; Harold Cox; Michael Kneeland, MD; and Keith Hovan

Absent member(s) were: Lissette Blondet; Secretary Francisco Ureña; and Michele David, MD.

Also in attendance was Margret Cooke, General Counsel at the Massachusetts Department of Public Health.

Commissioner Bharel called the meeting to order at 9:11 AM and made opening remarks before reviewing the agenda.

1. ROUTINE ITEMS

Updates from Commissioner Monica Bharel, M.D., MPH

Commissioner Bharel began by highlighting some of the public health work that is taking place at the Department across the state. This spring marked the first time medical students in Massachusetts graduated with training to qualify for a DEA X waiver, which will allow them to prescribe buprenorphine. DPH led this effort with all four medical schools in the state, working with students, faculty, and our state partners to ensure graduates are better equipped to address substance use disorder. I thoroughly enjoyed working with these talented students; two of them were Public Health Fellows here in the Commissioner's Office.

Last month, Commissioner Bharel highlighted the Administration's award of more than \$8 million to 10 community organizations to prevent and reduce gun violence and other forms of violence among youth in our state. Building on those awards, DPH announced last week a grant to UTEC in Lowell, to establish the Training Center for Excellence in Gun and Youth Violence Prevention which will address gun violence using a public health and racial equity lens. DPH hopes to learn about the most effective interventions being used in these communities and share them widely to make a meaningful impact in the lives of young people, their families and communities.

On the topic of gun violence, the Commissioner was asked to speak along with Boston Mayor Walsh, Attorney General Healey, Speaker DeLeo, and others at the Mass General Center for Gun Violence Prevention Launch event. This Center will work to advance the health and safety of children and adults through injury and gun violence research, clinical care, education, and community engagement. DPH looks forward to collaborating with MGH on this important partnership.

Here at DPH, our Bureau of Infectious Disease and Laboratory Sciences recently held Science Day 2019, an annual event that features some of the amazing work being done by BIDLS staff. My thanks to Dr. Monina Klevens, who directs research and evaluation for the Bureau, for organizing this event to showcase some of the great research and data analysis by our staff!

Last month, Commissioner Bharel made opening remarks at the 10th Annual Community Health Worker Conference, which drew a record 450 attendees. This year's program explored why a racial justice approach is integral to strengthening the CHW workforce, which is appropriate since few sectors of our healthcare workforce are more familiar with the impact of health inequities on vulnerable populations and play such an essential role in health care delivery.

Youth vaping continues to be of great concern to the Department and to me personally. Commissioner Bharel spoke to the Massachusetts Health Council to discuss this issue. As discussed at PHC meeting in the past, youth vaping is a public health crisis, with 1 in 5 high school students using e-cigarettes in the past month. What's worse, the industry spends more than \$125 million per year to advertise e-cigarettes, with ads and packaging created to appeal to youth. As advertising spending increases, so does youth e-cigarette use.

Commissioner Bharel highlighted our Tobacco 21 law, Governor Baker's proposed assessment on e-cigarettes and vaping products, local efforts to restrict flavors, and our recent campaigns designed to raise awareness of youth vaping among parents and other adults.

Commissioner Bharel announced the Administration's recent launch of a new state campaign to promote healthy relationships, examples of which you can see on the screen. The RESPECTfully campaign is part of our efforts to reduce sexual and domestic violence and promote the message to young people that healthy relationships include respect, honesty, and open communication. The Commissioner thanked the DPH staff for their efforts and displayed pictures with Secretary Sudders and Lieutenant Governor Polito are Suzanne Crowther and Michelle Leonard, from our DPH communications team; Associate Commissioner Lindsey Tucker; and Judy Benitez Clancy, who directs our division of Sexual and Domestic Violence Prevention and Services.

Commissioner Bharel announced that Margo Michaels recently joined the Department as our new Determination of Need Director, who you will hear from later this morning. Margo comes to us with over 25 years' experience directing and managing diverse public health programs including those focused on cancer treatment and access, patient and community engagement in clinical research and in health care delivery, community health education, improving systems for more patient-centered care, and reducing health care disparities. She has an MPH in Health Behavior/Health Education from UNC Chapel Hill School of Public Health. We are so pleased she has joined us here at DPH.

Dr. Bernstein would like to honor Fred Newton at the Hope House for all his work for the state of MA

With no further questions or comments, the Commissioner proceeded with the docket.

1. ROUTINE ITEMS

c. Record of the Public Health Council May 15, 2019 Meeting (Vote)

Commissioner Bharel asked if any members had any changes to be included in the May 15, 2019 meeting minutes.

Commissioner Bharel asked for a motion to accept the minutes. Motion to accept minutes, Mr. Lanzikos made the motion and Dr. Bernstein seconded it. Mr. Brindisi abstained. All other present members approved.

1. DETERMINATION OF NEED

a. Request by Natick Surgery Center, LLC for a substantial change in service to develop a licensed ambulatory surgery center. (Vote)

Commissioner Bharel invited Margo Michaels, Director of the Determination of Need Program, and Rebecca Rodman, Deputy General Counsel, to review the DoN staff summary for Natick Surgery Center, LLC's application for a new ambulatory surgery center. There were also representatives of the applicant at the meeting and available to respond to questions after Margo's presentation.

Carmel Shields – Executive Vice President, Shields Health Care Group
Prashanth Bala – ASC Administrator, The Surgery Center Shrewsbury
Leon Josephs MD – Chief of Specialties, Reliant Medical Group
Michael Brunelli - MD, New England Hand
Crystal Bloom Esq. - Barrett and Singal
Andrew Levine Esq. - Barrett and Singal

Mr. Lanzikos asked to describe availability of public transportation to this site.

Ms. Shields responded that there is not adequate public transportation to this location but rideshares will be provided to ensure patient access to and from the facility

Mr. Lanzikos asked for further elaboration on the process for transportation.

Ms. Shields stated that during the pre-op consult the patient would request transportation.

Mr. Bala stated they will work with the patient in order to accommodate transportation to and from the location.

Mr. Lanzikos stated a concern about access to public transportation and encourage facilities to consider this during future proposals.

Dean Cox asked if the data points that are being asked should be reviewed more often than on an annual basis from the time that it starts and should the time reporting be more frequent and what the expectation are from the applicant.

Ms. Michaels stated that they would like to see data points increase over time for managed care.

Ms. Rodman stated that there may not be meaningful data over shorter timeframes due to variability within months and a year is a reasonable amount of time to see patterns.

Ms. Shields stated that data can be provided more frequently if needed either quarterly or biannually.

Dean Cox stated that he understands, but waiting a year to review the data seems like a long time and seeing data sooner may be more useful.

Ms. Rodman stated that they can adjust the frequency of data request.

Dr. Bernstein asked about the plan for opioid prescribing.

Dr. Brunelli stated that when recent guideline changed we have lowered the amount of prescription and adopted policies to combat chronic prescribers for pain by lowering the amount of pain medicine and

clearly communicate to patients via a contract and will be sure that all prescription are done electronically.

Dr. Bernstein asked about patients that are more susceptible to drug addiction or chronic use as tightening up might cause patients to seek other potentially illicit drugs.

Dr. Brunelli stated that if patients are on chronic pain meds we work with their provider or clinic in order to coordinate a pain management plan for pre and post-surgery.

Dean Cox asked why this organization is not participating in community health assessment processes and in what ways will they be integrated community needs.

Ms. Michaels stated that they are not required to do community health assessments by regulation because they are a new facility and they have not been required do this in the past.

Dean Cox asked if new facilities are required to do health assessments.

Ms. Rodman reiterated these types of clinics are not required if they have not done it in the past.

Ms. Bloom clarified the community health needs assessment process is tied to nonprofit status through federal regulation but for profit hospitals are not mandated to do that process within the letter of the law.

Ms. Lambert asked if there will be procedures performed other than EMT and is there any concern about long term capacity management for the growing pediatric population.

Mr. Bala responded that they would have the ability and capacity to extend the day and number of procedures.

Mr. Lanzikos asked what the prevalent languages spoken within your patient population and how will you address communication needs.

Mr. Bala stated that Spanish, Russian, Vietnamese and Arabic and will have software platforms that allow translation services immediately and we have adopted a pre op registration tool for translation services and will implement policies and procedure including on demand translator services with real time access through the software.

Dr. Kneeland asked if there are onsite laboratory facilities for immediate turnaround and where do the patients get transferred if there is a serious unexpected post op issue with proper communication protocol.

Mr. Bala stated they will have point of care testing for patients on site and we would have agreements for tests that need outside our facility. In terms of in accreditation and licensure there will be agreements in place for transporting patients with any post op complications.

Mr. Brindisi asked if there is any evidence to verify the cost savings for this proposal.

Ms. Michaels stated that documentation of differential costs within a 20 mile radius the cost was lower compared to national.

Ms. Lambert asked for the plan for IT billing systems for streamlining the different systems.

Mr. Bala stated that there is communication electronically between systems.

Dr. Bernstein asked where the cost savings will come from in terms of lab and radiology.

Ms. Shields states the hospital outpatient rate is significantly higher than an ASC contractually rate and we can provide savings in terms of surgery.

Dr. Bernstein asked if there pre op done separately or at the facility.

Mr. Bala stated it would be done separately at a local Quest or hospital service.

Ms. Shields stated they will look further into the cost savings for lab and radiology

Dr. Brindisi asked if the Shrewsbury site is demonstrating cost savings.

Ms. Shields stated yes.

Mr. Brindisi stated that he was concerned about the possibility of increasing costs for the long term and would like to see improved outcomes and cost savings.

Ms. Michaels stated that there are reports that show costs saving for ASCs, including one by Blue Cross Blue Shield Association that speak to the surgery cost being higher in hospital compared to ASCs, so the answer is yes.

Dr. Brunelli stated that anecdotally over time patients with no insurance with non-emergent issues with time to develop a plan and surgery centers show cost savings in this regard.

Dr. Bernstein asked how this fits in to ACO systems.

Dr. Josephs stated they currently are involved in ACO systems and the reason the hospital is planning to move the surgery is to drive down cost to 40-50% for a safer, more efficient and convenient care model.

Dean Cox asked if the staff could provide a report a year after they open to review the cost savings and to identify the peer mixed issues identified here.

Commissioner Bharel stated that there will be a summary that comes out and will be available for DPH staff and PHC members.

Mr. Hovan asked if the anesthesia providers be members of reliant.

Dr. Josephs stated no we will be contracting with an anesthesia group.

Mr. Hovan asked if they require the anesthesia provider be members of the same health plan as the surgery center to avoid surprise billing for patients.

Dr. Josephs stated yes.

Dr. Cunningham asked if there is any preliminary data that shows costs savings from Shrewsbury.

Mr. Bala stated yes and there is cost savings identified.

With no further questions, Commissioner Bharel asked if there is a motion to accept the staff recommendation to approve Natick Surgery Center's request for substantial change in service. The motion to accept is Dr. Kneeland and Dr. Bernstein seconded, all approved. Thank you, the staff recommendation for approval of this substantial change in service is approved.

2. Presentation

a. Overview and demonstration of PHIT: Population Health Information Tool.

Commissioner Bharel invited Abbie Averbach, Assistant Commissioner and Director of the Office of Population Health, and Natalie Nguyen Durham, Director of the Office of Data Management and Outcomes Assessment, to the table for an overview and demonstration of our new Population Health Information Tool.

Upon the conclusion of the presentation, the Commissioner asked the Council if they had any questions or comments.

Dr. Kneeland asked how the data is acquired.

Ms. Averbach stated they use different data sources but the most common source is a behavioral risk factor surveillance system and claims data through hospitalizations and emergency room visits or hospitalizations but is an ongoing challenge and looking at electronic health records moving forward.

Ms. Durham stated they also look for publicly reported data such as census and the department of labor and statistics for example.

Mr. Lanzikos requested that the Commissioner give quarterly updates on this tool and asked if there is captioning for the video.

Ms. Durham stated yes update can be provided and there is captioning for the video.

Mr. Lanzikos asked if there is currently data for different diagnostics in PHIT.

Ms. Averbach stated yes with some navigation through the website in the health outcomes section or risk factors.

Mr. Lanzikos asked if there is a way to view by region.

Ms. Averbach stated that for aggregated communities you would have to run them individually then group them together but can be grouped by some regions and counties to become more user friendly.

Mr. Lanzikos asked if any other states use this type of tool.

Ms. Durham stated that they don't know of any other states using data this way but the idea of contextualizing data to work with new sectors and acquire new approaches.

Mr. Lanzikos asked if there is any trainings or workshops for professionals to use this tool.

Ms. Durham stated they are working on a process for tutorials and further plans for trainings.

Commissioner Bharel stated that various types of data are included to drive the conversation upstream through data to answer specific questions in a different context for solutions.

Mr. Brindisi stated the video helps to define the concept of social determinants of health and asked how you are working with other state agencies for data acquisition and collaboration.

Ms. Averbach stated there is limitation and we are looking to work with sister state agencies to pull resources and data including the public health data warehouse and currently working with some state agencies for optimal improvements. This gives us an opportunity to have conversation between secretariats and communities for shared data and improvement and is being seen as a building process for strong communications.

Dr. Bernstein asked how you determine the difference between disparities and inequities.

Ms. Averbach stated that first identifying disparities and then look for the justification for the disparities that might have an underlying inequity that is biological if it is present, this tool can help figure that out first looking at the data disparity then the inequities.

Dr. Bernstein asked if there is a team that looks for disparities and inequities or whoever looks at the data

Ms. Averbach stated it would be whoever is looking at the data and we provide information and context and encourage our users to look beyond to foster exploration of further understating of these issues.

Commissioner Bharel added that the office of health equity to the population health bureau was done purposefully to connect with the department for this type of work.

Dr. Bernstein asked about the process to mandate reporting for opioid crisis based on social determinants of health

Commissioner Bharel stated that this could be a working progress.

Dr. Bernstein stated there were other areas to determine public health crisis that we would want to mandate data.

Ms. Durham stated that there is BSAS treatment data on PHIT.

Mr. Lanzikos suggested adding a link to their website for an article “Hot spotting” in order to use the tool to identify

Ms. Averbach stated they would add it.

Dr. Bernstein asked for granular data through zip code or sectional data to get a better sense of the specific vulnerabilities.

Ms. Averbach stated that would like to get to the census track for population level for hot spotting.

With no further questions to comments, Commissioner Bharel proceeded with the next item on the docket.

3. Presentation

b. Overview of Serious Reportable Events to DPH in 2018.

Commissioner Bharel stated for the final agenda item, Kate Fillo, Director of Clinical Quality Improvement for the Bureau of Health Care Safety and Quality, and Kate Saunders, Manager of Data Analysis and Integrity for the Bureau, to the table to review serious reportable events in 2018.

Dean Cox leaves at 10:46am

Dr. Bernstein asked if there is data collection for race, ethnicity and language for analysis.

Ms. Fillo stated yes we collect for all including veteran status. Analysis of the race data show that the majority of patients who experience a serious reportable event based on hospital reporting areCaucasian.

Dr. Bernstein asked if they collect health insurance status.

Ms. Fillo stated yes we collect insurance status and work with MassHealth, as indicated.

Dr. Bernstein asked if there are differences between MassHealth compared to private insurance.

Ms. Fillo stated further analysis would be needed to understand any differences but that the average age for almost all of the SRE categories is less than 65 years of age.

Dr. Kneeland asked if there is a method to consolidate best practices.

Ms. Fillo stated they work with stakeholder organizations to determine root cause analysis for preventing events and provide action steps for policies and procedure and audits for particular activities and clinical guidance is also available.

Commissioner Bharel added that with extraordinary events clinical guidance had been sent out to larger groups.

Dr. Kneeland suggested educational forum to medical students would be helpful for their education.

Ms. Fillo stated it was a great suggestion.

Ms. Prates Ramos asked if the data shows SREs related to Medicare beneficiaries.

Ms. Fillo stated they collect insurance status and so can identify Medicare beneficiaries. In addition, the Office of the Inspector General (OIG) has published several reports about the adverse events in this group.

Ms. Prates Ramos asked if there is a percentage for MA residents on Medicare within this report.

Ms. Fillo stated that the OIG Report is national, but the Department could calculate it for Massachusetts.

Ms. Prates Ramos asked if information by QIO shared with the DPH.

Ms. Fillo stated there has been beneficiary coordination with the previous Quality Improvement Organization, however, as of less than a week ago, a new organization called Keppra became the Centers for Medicare and Medicaid Services (CMS) designated entity. All health care facilities need to post signage within their buildings about how to contact Keppra.

Ms. Prates Ramos asked if there is a case by case dialogue with the QIO.

Ms. Fillo stated yes; we work with the QIO, as is determined necessary.

Dr. Bernstein asked if the emergency department data could be extracted to address overcrowding.

Ms. Fillo stated yes we collect the location of the SRE and track events in order to provide solutions including self-harm and suicide prevention trainings for staff.

Dr. Bernstein clarified if there is data that shows event related to overcrowding such as death or severe injury.

Ms. Fillo stated that separately, monthly census data is shared with the Department. Hospitals must have Code Help procedures in place and activate them when overcrowding becomes a safety concern. In SRE reports data about overcrowding as a causal factor is largely anecdotal and contained in the narrative.

Dr. Bernstein asked if there are any trends related to the emergency department and if they could be provided to the PHC.

Ms. Fillo stated yes.

Mr. Lanzikos asked if there sensory status and spoken language.

Ms. Fillo stated yes language spoke, as well as physical and mental functional status are included.

Mr. Lanzikos asked if there is any correlation between falls and vision impairment.

Ms. Fillo stated that because a vision impairment triggers a patient to be classified as a high falls risk and then health care facilities put appropriate prevention measures in place, there are not significantly higher falls in this population as compared to those without vision impairment.

With no further presentations, the Commissioner reminded the Council that the next meeting is Wednesday, July 10, 2019 at 9AM.

She then asked for a motion to adjourn. Dr. Bernstein made the motion, Ms. Prates Ramos seconded it. All present members approved.

The meeting adjourned at 11:19AM.
